STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968616	R **04/11/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT SPRINGS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **404 SPRING VALLEY RD** **ALTAMONTE SPRINGS, FL 32714**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

4/11/18 desk review completed to relicensure survey. Bridgeport Senior Living-Pt Springs, license # 12477, had no deficiencies at the time of the review.